| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29, 1999  |  |                                   |                  |             |   |                  |                   |                        |    |                     |                         |
|---|--|-----------------------------------|------------------|-------------|---|------------------|-------------------|------------------------|----|---------------------|-------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                   |                  |             |   |                  |                   | ENTITY                 | OR | OTHER<br>SMALL E    | *                       |
| FOR   |  |                                   | UMBE             | R FILED     | NUMBER E                                    | NUMBER EXTRA     |                   | FEE                    |    | RATE                | FEE                     |
| BASIC FEE   |  |                                   |                  |             | · A dela                                    |                  | Cara              | 345.00                 | OR |                     | 690.00                  |
| TOTAL CLAIMS  |  |                                   | 13               | minus 2     | PO= •                                       | ,                | X\$ 9=            |                        | OR | X\$18=              | 1                       |
| INDEPENDENT CLAIMS  |  |                                   | उ                | minus       | 3 = 7                                       |                  | X39=              |                        | OR | X78=                |                         |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                                   |                  |             |   |                  |                   |                        | OR | +260=               |                         |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                   |                  |             |   |                  |                   |                        | OR | TOTAL               | <del>\</del>            |
| CLAIMS AS AMENDED - PART II   |  |                                   |                  |             |   |                  |                   | <u> </u>               | 3  | OTHER               |                         |
|   |  | (Colum                            |                  | 4-220       | (Column 2)                                  | (Column 3)       | SMALI             | ENTITY                 | OR | SMALL               |                         |
| AMENDMENT A   |  | CLAIN<br>REMAIN<br>AFTE<br>AMENDI | VING<br>ER       |             | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE, |
|   | Total  | . /                               | 3                | Minus       | 20  | =                | X\$ 9=            |                        | OR | X\$18=              |                         |
|   | Independent                                    | • 1                               | 3                | Minus       | ··· 3                                       | = /              | X39=              |                        | OR | X78=                |                         |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |                                   |                  |             |   |                  | +130=             |                        | OR | +260=               |                         |
| ···   |  |                                   |                  |             |   |                  | TOTA<br>ADDIT. FE |                        | OR | TOTAL<br>ADDIT. FEE |                         |
|   |  | (Colun                            |                  |             | (Column 2)                                  | (Column 3)       |                   |                        | _  |                     | /                       |
| AMENDMENT B   |  | CLAI<br>REMAI<br>AFTI<br>AMEND    | NING<br>ER       |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |
|   | Total  | •                                 |                  | Minus       | **  | =                | X\$ 9=            |                        | OR | X\$18=              |                         |
|   | Independent                                    | ٠                                 |                  | Minus       | ***   | =                | X39=              |                        | OR | X78=                |                         |
|   | FIRST PRESE                                    | NTATION                           | OF MU            | JETIPLE DEI | PENDENT CLAIM                               |                  | +130=             |                        | OR | +260=               |                         |
|   |  |                                   |                  |             |   |                  | TOT/<br>ADDIT. FE |                        | OR | YOYAL               |                         |
|   |  | (Colum                            | nn 1)            |             | (Column 2)                                  | (Column 3)       | ADDIT. FE         |                        |    | 7.02                |                         |
| AMENDMENT C   |  | CLAI<br>REMAI<br>AFT              | MS<br>NING<br>ER |             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |
|   | Total  | *                                 |                  | Minus       | ••  | =                | X\$ 9=            |                        | OR | X\$18=              |                         |
|   | Independent                                    | •                                 |                  | Minus       | ***   | =                | X39=              | 1                      | OR | X78=                |                         |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |                  |             |   |                  | +130=             |                        | OR |                     |                         |
| if the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |                                   |                  |             |   |                  |                   | AL.                    | 4  | TOTAL               |                         |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE        |  |                                   |                  |             |   |                  |                   |                        |    |                     |                         |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                   |                  |             |   |                  |                   |                        |    |                     |                         |

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